

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10599868*

FILING DATE

**12 SEP 2008**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		4		/		
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10		4		/		
11		4		/		
12		/		/		
13		0		0		
14		0		0		
15		0		0		
16		0		0		
17		0		0		
18		0		0		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	44	←	20	←		←
TOTAL CLAIMS	45		21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						